TRANSMITTAL		U.S. Patent is are required to rescond to a collectio Application Number  Filing Date	t and Trademark Office	e; U.S. D s it displa	PTO/SB/21 (04-04) gh 07/31/2006. OMB 0651-0031 DEPARTMENT OF COMMERCE avs a valid OMB control number.
FORM		First Named Inventor	IRVING TSAI		
(to be used for all correspondence affi	or initial filing)	Art Unit	2178		
(to be used for all correspondence after initial filing)		Examiner Name	Thu V. H		
Total Number of Pages in This Submis	sion	Attorney Docket Number			
· Y-	ENC	LOSURES (Check all that	apply)		
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration( Extension of Time Request Express Abandonment Request Information Disclosure Staten Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing under 37 CFR 1.52 or	st Remai	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocation  Change of Correspondence Addre  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)	Apple of App	Technology peal Cor Appeals peal Cor opeal Not oprietary atus Letter	osure(s) (please
S	GNATURE C	OF APPLICANT, ATTORNE	Y, OR AGENT	<u></u> г	
Firm or IRVING IRVING Signature County Date December 1	TSAI Jan				
December 1:					
I hereby certify that this corresponder sufficient postage as first class mail in the date shown below.	ce is being facsi an envelope ad		deposited with the ents, P.O. Box 145	0, Alexa	ndria, VA 22313-1450 on
Typed or printed name IRV	NG TSAI				
Signature &	ine Dr	•		Date	December 15, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
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Effective on 12/08/2004. es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## **FEE TRANSMITTA** For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$ 65.00

Complete if Known					
Application Number	10/659,343				
Filing Date	09/11/2003				
First Named Inventor	IRVING TSAI				
Examiner Name	Thu V. Huynh				
Art Unit	2178				
Attorney Docket No.					

METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments									
under 37 CFR under 37 cFR			t card inform				rovide credit card		
information and authorization									
FEE CALCULATION									
1. BASIC FILING, SEAR			FEES						
	FILING I	EES	SEARCH FEES Small Entity		EXAMINATION FEES				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FÉE	S			·			Small Entity		
Fee Description	1 11 D					Fee (\$)	Fee (\$)		
Each claim over 20 (in			)			50 200	25		
Each independent clai	•	including Keissi	ies)		•	200 360	100 180		
Multiple dependent claims  Total Claims Extra Claims Fee (\$)		Fee Paid (\$)				ependent Claims			
- 20 or HP =		X 100.101	=			Fee (\$)	Fee Paid (\$)		
HP = highest number of total		-							
	Extra Clain		Fee Pa	ild (\$)					
- 3 or HP =x = HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): "Terminal Disclaimer" fee {37 CFR 1.20(d) - Code 2814}							\$65		

SUBMITTED BY Registration No. Join Telephone Signature (Attorney/Agent) IRVING TSAI Name (Print/Type) Date December 15, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.